

Accident Photo



Accident Photo



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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly, the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/03/2019 10:46
Date Of Accident	05/02/2019 14:00
Exact Location Of Accident	IN BETWEEN BOUNDARY ROAD & SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2668M
Insured/Policyholder	
Name Of Registered Owner	XIAO WEILONG
NRIC No	S8824764G
Email Address	LONGWA_88@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-96497293
Alternative Phone No	Others-96497293

Vehicle Particulars

Manufacturer	SYM
Model	CRUISYM 300I ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-994798-WTT
Cover Note Number	

Driver

Name of Driver	XIAO WEILONG
NRIC No	S8824764G
Date Of Birth	12/07/1988
Occupation	INDOOR
Date Of Driving Pass	28/12/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96497293

Fax Number	
Contact Number	OTHERS-96497293
EMail Address	LONGWA_88@LIVE.COM.SG
Address	BLK 771 YISHUN AVE 3 #02-237 SINGAPORE
Postcode	760771
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 19 March 2019

11:48 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

NO COLLISION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05 Feb 2019, A ~~black~~ Vehicle SJR 9969 H have stop the car Infront
me and mention that I scratch his car from behind as I didn't knock
his car. So to prevent any hit and run, I need to submit my
particular to him.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 19 March 2019

11:42 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



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Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

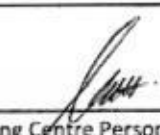
Original Report No : MSI119036778 Vehicle Registration No: FBN 2668M
Name(as shown in NRIC) : Xiao weilong NRIC/FIN/Passport No : S8824764G
(*~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate
Address : Blk 771 Yishun Ave 3 #02-237 Singapore(760711)
Contact (Tel) : _____ Mobile No. : 96497293
Email Address : longwa_88@live.com.sg
Date of Accident : 5-2-19 Time of Accident : 1400 hrs
Place of Accident : In between boundary rd and Serangoon Central
Insurance Company: mslg

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I want to amend the correct name of insurance
Company from XLAC to mslg.

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: 2113/19
Date:



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-050119

Date of Request: 01/04/2019

Your Ref No: RSS/1902-7092 (HT) (PD)

R.S. SOLOMON LLC
300 Beach Road
#12-03/04 The Concourse
Singapore 199555

Dear Sir/Madam,

Your Search Criteria:Date of Accident: 05/02/2019
Place of Accident: BOUNDARY RD & UPP PAYA LEBAR R
Client Vehicle No: SJR9969H

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

(



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-19-050119

Date of Request: 01/04/2019

Your Ref No: RSS/1902-7092 (HT) (PD)

R.S. SOLOMON LLC
300 Beach Road
#12-03/04 The Concourse
Singapore 199555

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 05/02/2019
Place of Accident: BOUNDARY RD & UPP PAYA LEBAR R
Client Vehicle No: SJR9969H

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
FBN2668M	IN BETWEEN BOUNDARY ROAD & SERANGOON CENTRAL	05/02/2019 14:00

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-050162

Date of Request: 01/04/2019

Your Ref No: RSS/1902-7092 (HT) (PD)

R.S. SOLOMON LLC
 300 Beach Road
 #12-03/04 The Concourse
 Singapore 199555

Dear Sir/Madam,

Date of Accident: 05/02/2019

Vehicle No: SJR9969H

Place of Accident: BOUNDARY ROAD & UPPER PAYA LEBAR RD

Involving Vehicle No: FBN2668M

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
FBN2668M	BOUNDARY ROAD & UPPER PAYA LEBAR RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2668M
Insured/Policyholder	
Name Of Registered Owner	XIAO WEILONG
Vehicle Particulars	
Manufacturer	SYM
Model	CRUISYM 300I ABS
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-994798-WTT
Cover Note Number	
Driver	
Name of Driver	XIAO WEILONG
IRIC No	S8824764G
Address	BLK 771 YISHUN AVE 3 #02-237 SINGAPORE

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 19 March 2019

11:48 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: